

## REPLACEMENT RENEWAL FORM

Complete this form and submit with payment in the amount of **\$250.00** to:

State of California  
Board of Chiropractic Examiners  
2525 Natomas Park Drive, Suite 260  
Sacramento, California 95833-2931

**Incomplete forms will be returned along with your payment.**

Check the Box that applies to this renewal: ☐ Active License ☐ Inactive License

**Type or Print Clearly:**

Name:	DC #:
Current Practice Address:	
License Expiration Date:	

**Answer the following questions.**

**1. Law Violations:** During the last 5 years, have you been convicted of, or pled nolo contendere to, any violation of a local, state, or federal law of any state, territory, country or U.S. federal jurisdiction?

☐ Yes ☐ No

**2. Disciplinary Action:** Have you had any disciplinary action taken against you by any other state or regulatory agency?

☐ Yes ☐ No

If you answered **Yes** to either question **1** or **2**, attach a DETAILED explanation with your renewal notice.

**3. Continuing Education (CE):** If renewing your license in active status; I certify under the penalty of perjury that I have completed and can document (if audited) 12 hours of Board-approved CE prior to my license expiration date, or that I have met the exempt CE requirements.

**I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Licensee's Original Signature Required

**A: Complete only if a change of name or address has occurred:(must attach legal documents with name change).**

New Name \_\_\_\_\_

Practice Address \_\_\_\_\_

\*Physical Address \_\_\_\_\_

\*(if practice address is a P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**B: MAILING ADDRESS if not practicing:**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_